



Vision Care

February 2006 • Bulletin 336

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Upcoming Vision Care Changes in July 2006

As part of the continuing effort to comply with the federally mandated Health Insurance Portability and Accountability Act (HIPAA), the following vision changes will become effective for dates of services on or after July 1, 2006:

- **Vision Electronic Claim Submitters:**

- Medi-Cal will **discontinue** acceptance of non-HIPAA standard electronic formats for vision claim transactions. **REGARDLESS of date of service**, as of July 1, 2006, the California Department of Health Services (CDHS) will no longer accept the vision Computer Media Claims (CMC) proprietary format. Electronic claims must be billed using the HIPAA-compliant ASC X12N 837 Professional v.4010A1 format or Internet Professional Claims Submission System (IPCS).
- ASC X12N 837 v.4010A1 Vision Companion Guide will be replaced with the ASC X12N 837 v.4010A1 Medical Companion Guide for dates of service on or after July 1, 2006. The companion guides can be found in the “HIPAA Update” area of the Medi-Cal Web site (www.medi-cal.ca.gov).

- **Vision Paper Claim Submitters:**

- Paper claims must be billed on the *HCFA 1500* claim form. Medi-Cal’s proprietary *Payment Request for Vision Care and Appliances* (45-1) claim form will no longer be accepted.

- **New Vision TAR Procedures:**

- As a result of the discontinuance of the *Payment Request for Vision Care and Appliances* (45-1) claim form previously used to request prior authorization for eye appliances, a new *Treatment Authorization Request* (TAR) form (50-3) has been created for this purpose. Watch for future *Medi-Cal Updates* and announcements on the Medi-Cal Web site for details about this new form and authorization process.

- **Vision Procedural changes:**

- Conversion of Medi-Cal Healthcare Common Procedure Coding System (HCPCS) Level III interim codes to national HCPCS Level II and Physician’s Current Procedural Terminology (CPT) Level I codes.
- Elimination of vision qualifying codes and the use of national modifiers.

Please see **Vision Care Changes**, page 2

Vision Care Changes (*continued*)**Medi-Cal Public Comment Forum**

The Medi-Cal Public Comment Forum is available through February 28, 2006. To make comments regarding the vision code conversion, visit the Medi-Cal Web site (www.medi-cal.ca.gov) and click the “HIPAA” link on the left-hand navigation bar and then the “Medi-Cal Comment Forum” link. Providers may then view the proposed code conversions and e-mail their comments to Medi-Cal.

Instructor-Led Seminars for Upcoming Vision Changes

Providers can access the upcoming dates and locations for Vision Seminars by visiting the Medi-Cal Web site (www.medi-cal.ca.gov) and clicking the “Education & Outreach” link on the left-hand navigation bar and then the “Medi-Cal Instructor-Led Seminars” link.

Self-Service HIPAA Transaction Utility Tool

A self-service environment HIPAA Transaction Utility Tool is available for submitters. The utility tool offers transaction validation (inclusive of Companion Guide-level editing), troubleshooting and reporting features that enhance, but do not replace, Medi-Cal’s current testing and media activation requirements. Vision electronic claim submitters have been notified via letter of utility availability, with instructions on how to use it.

Electronic Attachments

New attachment submission options to expedite claims processing are available to providers or submitters. Providers now have the ability to submit fax and electronic attachments with 837 v.4010A1 electronic claim submissions. This new functionality allows providers to submit electronic claims and fax their attachments, or send the attachments electronically through an approved third-party vendor. An approved list of third-party vendors available for electronic attachment submissions will be announced in a future *Medi-Cal Update*.

In addition to faxing them, providers may also send hard copy attachments by mail. For details on how to send attachments, along with the address to mail the attachments to, please refer to the *Billing Instructions* section of the *837 Version 4010A1 Health Care Claim Companion Guide* on the Medi-Cal Web site (www.medi-cal.ca.gov) by clicking the “HIPAA” link on the home page, then the “ASC X12N Version 4010A1 Companion Guides and NCPDP Technical Specifications” link, and then the “Billing Instructions” link.

The “837 Version 4010A1 Electronic Claims with Attachments Now Available” article published in the January 2006 *Medi-Cal Update* is also available for reference. You may access the article by clicking the “HIPAA” link on the Medi-Cal home page and then the “Electronic Transactions: Biller Updates” link.

Additional Resources

For more information, in-state providers may call the Telephone Service Center (TSC) at 1-800-541-5555, 8 a.m. to 5 p.m., Monday through Friday. Border providers, software vendors and out-of-state billers who bill for in-state providers should call (916) 636-1200.

CCS Service Code Groupings Update

A number of codes have been added to the Service Code Grouping (SCG) tables for the California Children’s Services (CCS) program. All new codes listed without an effective date symbol are effective for dates of service on or after July 1, 2004. *The updated information is reflected on manual replacement pages [cal child ser 1, 5, 6, 11 through 13, 16, 17 and 21](#) (Part 2).*

Instructions for Manual Replacement Pages

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Part 2

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Remove and replace: cal child ser 1/2, 5/6, 11 thru 18 and 21/22